IONS  Ves No X	TH OF THESE QUESTION ed not be disclosed. Have you excluded hild because they meet all three tests for	ANSWER BOTH OF THE *excepted trusts* need not be disclosed trusts to be disclosed they use or dependent child because they use or dependent child because they use	TRUST INFORMATION - ANSWER BO Committee on Ethics and certain other "excepted trusts" ne or dependent child? "unearned" income, or liabilities of a spouse or dependent child.  the Committee on Ethics.	d by the Committ spouse, or depen assets, "unearne itted with the Corr	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS  TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?  EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXCLUSION ( TRUSTS - Details I from this report deta EXEMPTION - Have exemption? Do not
TE	ANSWER "YES"		SCHEDULES	H THE COR	ATTACH THE CORRES	
a Yes No	than \$5,000 from a orior years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	 ₹	portable Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	D. Did you, your spondiability (more than \$
vith an Yes No	t or arrangement wi or in the current cak	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	es, Ig the Yes	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	C. Did you or your s honoraria, or pension reporting period?
fling? Yes No X	uring the reporting nrough the date of f	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	No ON	000 at the Yes	Did you, your spouse, or your dependent child:  Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  B Receive more than \$200 in unearned income from any reportable asset during the reporting period?	A. Did you, your spo Own any repor end of the report (b) Receive more asset during th
	:	SNC	F THESE QUESTIONS	ER EACH C	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF	PRELIMINAR
A \$200 penalty shall be assessed against any individual who files more than 30 days late.		Period Covered: January 1, 2017	Staff Filer Type (If Applicable): Shared Principal Assistant	Staff File Shared	New Officer or Employee Employing Office:	STATUS
U.S. HOUSE OF REPRESENTATIVE:  (Office Use Only)	W.S. HCI	Check if Amendment	5,2018 (prinning)	State: C District: 3	New Member of or Candidate for U.S. House of Representatives Candidates – Date of Election:	FILER
18 MAY 14 PM 1: 12		le:_	Daytime Telephone:		e Baca	Name: 1
LEGISLATIVE RESOURCE CENTER		FORM B andidates, and New Employees	FORM B For New Members, Candidates, and N	ENTATIVES	UNITED STATES HOUSE OF REPRESENTATIVES	UNITED STA

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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	17 6	4	/Fronti	Verizon Benefit	ABC Hedge Fund X	Examples: Simon & Schuster	SP, EIF DC, Mega Corp Stock	all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.  For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or Income Sources	BLOCK A
X	X	*	×	×	×	Indefinite	*	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$15,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 \$25,000,001-\$25,000,000 Spouse/DC Asset over \$1,000,000*	P		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	BLÓCKB
PLCT.	X with		*	Ray	Partnership Income	Royalties	×	NONE  DIVIDENDS  RENT  INTEREST  CAPITAL GAINS  EXCEPTED/BLIND TRUST  TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Type of Income	BLOCK C
×	×		*	*	× ×	×	×	None	Current Year Preceding Year		So For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other sassets indicate the calegory of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  **Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

Use additional sheets if more space is required.

Name:

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Page 3 of

\$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$1,000,000 \$1,000,001-\$25,000,000 \$1,000,001-\$25,000,000 \$25,000,000 \$25,00	\$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000  Over \$50,000,000 Spouse/DC Asset over \$1,000,000*  NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of income (Specify: e.g., Partnership Income or Farm Income)  None \$1-\$200 \$1,001-\$2,500 \$1,001-\$2,500 \$2	\$15,001-\$50,000	\$15,001-\$50,000
\$5,000,001-\$25,000,000	\$5,000,001-\$25,000,000	\$5,000,001-\$25,000,000	\$5,000,001-\$25,000,000
NONE DIVIDENDS  RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED  Other Type of Income (Specify: e.g., Partnership Income or Farm Income)  None  \$1.\$200    None	NONE   DIVIDENDS   RENT   YOU OF TAX-DEFERRED   Partnership Income of Farm Income   S1-\$200   = \$1.9200   \$1.001-\$2,500   \$1	NONE	NONE   DIVIDENDS   RENT   INTEREST   CAPITAL GAINS   EXCEPTED/BLIND TRUST   TAX-DEFERRED   Other Type of Income (Specify: e.g., Partnership Income or Farm Income)   None   - \$1.5200   = \$201.\$1,000   ≤ \$1.001.\$2,500   ≤ \$5,001.\$15,000   ≤ \$15,001.\$15,000   ≤ \$15,001.\$15,000   ≤ \$15,001.\$100,000   × \$100,001.\$1,000,000   × \$100,001.\$5,000,000   × Over \$5,000,000   × Over \$5,000,000
Partnership Income or Farm Income)  None   \$1-\$200 =	Partnership Income or Farm Income)  None — \$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500 ₹	Partnership Income or Farm Income)  None	None
	\$1,001-\$2,500 <	\$1,001-\$2,500	\$1,001-\$2,500
\$100,001-\$1,000,000	\$1,001-\$2,500	\$100,00141,000,000 ×	

### SCHEDULE C - EARNED INCOME

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and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
list the source, type, and amount of earned income from any source (other than the filer's current employment by the LLS, government) totaling \$200 or more during the reporting period. For both the filer

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	l	Amo	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500
_	Salary	\$20,000	\$76,000
Examples. Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A

#### **SCHEDULE D - LIABILITIES**

Name: 200 アクダ Page\_ N 으 卜

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period \*Column K is for liabilities held solely by your spouse or dependent child.

				SP, DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor		
			5/98	Liability Incurred MO/YR		
-			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	œ	
				\$50,001- \$100,000	n	
			×	\$100,001- \$250,000	-	
				\$250,001- \$500,000	m	moun
				\$500,001- \$1,000,000	п	Amount of Liability
				\$1,000,001- \$5,000,000	စ	ability
				\$5,000,001- \$25,000,000	ı	
				\$25,000,001- \$50,000,000	_	
				Over \$50,000,000	۲.	
				Over \$1,000,000* (Spouse/DC Liability)	×	

#### **SCHEDULE E - POSITIONS**

political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or

	۲	yd Dagree	Sole Proprietor (towowatent)	Position
	7	Knights el Columbus	J.B. Strategies LLC	Name of Organization

#### SCHEDULE F - AGREEMENTS

y agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: JOC TSACA Page 6 of 6
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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former

		•	12/2013	Date
		7	12/2013 Myself	Parties to Agreement
			CON	nent
			Continued Participation	1
			Dion in V-21300 Beautit Passion Plan	Terms of Agreement
			Rapsier Plan	

# SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any information considered confidential as a result of	доченняет апа апу плотивают солименца аз а гезин от а ртипедей гавильнир теходнисей рузам. Во постерева плотивают навае от солючие се
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services